

I _____ authorize the Madison County Sheriff's Department to release my criminal background information to Madison County Probate Court.

Print Name

Any other names that you have used (maiden, married)

Name after legal name change (in full)

Date of Birth

Social Security Number

Applicant Signature

Date

DO NOT WRITE BELOW THIS LINE

History of Criminal Activities:

Date

Offense

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Agency

Signature/Title

Date

*****NOT VALID AFTER THIRTY (30) DAYS*****